

for a successful outcome. It is important to discuss the issues related to pregnancy and conception either at diagnosis or when medication is initially prescribed. In our experience some pregnant women tend to stop their medication in fear of the side effect of the drugs on the developing fetus, with an inherent risk of disease flare up.

Aim To evaluate understanding and awareness in women of the reproductive age about IBD, its medication, and there effects on pregnancy.

Method A questionnaire was designed to assess the understanding of the disease and its effect on pregnancy in our IBD clinic patients in 2010.

Results 71 women, age 18–45 years completed the questionnaire (Mean age 33.03 ± 5.96 years). 40 had Crohn's disease, 27 ulcerative colitis and 4 indeterminate colitis. 38 were on 5-ASA, 11 on oral steroid, 23 on immunomodulators (Azathioprine or 6MP), 3 on Anti-TNF treatment.

34 had prior pregnancy and 8 of them stopped their drugs during pregnancy. 3 had flare up of disease during pregnancy while the treatment was stopped. One woman had pre term delivery with loss of baby, although her disease was not active at that time. 26 women continued their treatment during the pregnancy, out of them one had preterm delivery and other had intrauterine growth retardation.

Three women were pregnant at the time of the assessment and 2 were continuing their treatment. One is not on any regular medication.

36 women were planning future pregnancy – and out of them 10 (27.7%) had no knowledge of how the disease may affect the pregnancy. 20 (55.5%) did not know how pregnancy may affect their disease.

35 (53.8%) did not know if their medication effected breast feeding.

6 women had pre pregnancy counseling (8.95%) – 5 in hospital and 1 in private setting. 45 women (70.3%) would be keen on a formal pre pregnancy counseling service.

Only 43 women (65.15%) knew the beneficial effect of folic acid pre-conception and during the first trimester of pregnancy.

Conclusion This study highlights the lack of knowledge and understanding in the women of reproductive age about their disease, medication and effects of these on pregnancy. Pre pregnancy counseling should form an integral part of IBD service, as only 8.96% of our IBD patient had received pre pregnancy counseling. 70.3% of women suggested a dedicated pre pregnancy counseling service would be desirable. Better understanding of the disease, effects of drug and pregnancy would ensure better outcomes. Education about the benefits of pre-conception folic acid is required in this patient group.

Competing interests None.

Keywords inflammatory bowel disease, pregnancy.

PWE-024

INFLAMMATORY BOWEL DISEASE, DRUG THERAPY AND PREGNANCY: AWARENESS IN FEMALE IBD PATIENTS OF REPRODUCTIVE AGE

doi:10.1136/gut.2011.239301.287

G Chakrabarty,* A Poullis *Gastroenterology, St. Georges Hospital, London, UK*

Introduction Inflammatory bowel disease (IBD) often affects women during their child bearing age. Management of a pregnant IBD patient or any women contemplating pregnancy poses unique challenge. Patient understanding of the disease and its changes during pregnancy and breastfeeding is vital